

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

**DISCLOSURE SUMMARY PAGE** 2008 JUL 14 AM 9:29

IA ETHICS AND  
CAMPAIGN DISCLOSURE L.

**COMMITTEE NAME** (Must be same as on Statement of Organization)

GARVIN FOR STATE REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name  
NITA GARVIN

Political Party (if applicable)  
DEMOCRAT

Office Sought  
STATE REPRESENTATIVE

District (if Senate or House)  
HOUSE #63

<b>FORM</b> <b>DR-2</b> (Rev. 07/2007)	<b>DISCLOSURE</b> <b>REPORT</b>
<b>For Office Use Only</b>	
Comm. #	1814
Logged In	
Scanned	
Computer	WRB DV
Audited	9-30-08
4 pages	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sonny Satre  
SIGNATURE OF PERSON FILING REPORT

515 480-1728  
TELEPHONE

7-12-08  
DATE SIGNED

I AM FILING A JULY 12, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election  
NOV. 4, 2008  
County & Local Committees, enter County in  
which Election is held  
POLK

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

0.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1,025.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

1,025.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

102.75

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

922.25

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

0.00

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

21.50

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

0.00

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES ☒ NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

0.00

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

GARVIN FOR STATE REPRESENTATIVE

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
06/09/08	ID# CK#	JUANITA BUCK 4533 OVID JUANITA BUCK		\$50.00	<input type="checkbox"/>
06/12/08	ID# CK#	MICHELE DELGENIO 2958 N Pine Grove, #2N, Chicago, IL 60657		\$20.00	<input type="checkbox"/>
06/20/08	ID# CK#	MARY GERECZ 2801 HWY 6 EAST, LOT #2, IOWA CITY, IA 52240		\$200.00	<input type="checkbox"/>
06/26/08	ID# CK#	PATRICIA GARVIN 207 BIRCH AVE, WEST DES MOINES, IA 50265	MOTHER	\$600.00	<input type="checkbox"/>
06/27/08	ID# CK#	NANCY & Bob Mileski 1658 AMANDA LN, Rock Hill, SC 29730	COUSIN	\$25.00	<input type="checkbox"/>
06/30/08	ID# CK#	JIM GARWOOD 3900 68 St, Urbandale, Ia 50322		\$100.00	<input type="checkbox"/>
07/03/08	ID# CK#	ERIC & EMILY IDEHEN 4414 63rd St, Urbandale, Ia 50322		\$20.00	<input type="checkbox"/>
07/08/08	ID# CK#	GARY RICHMOND 1315 Meridian, Boone, Ia 50036	COUSIN	\$25.00	<input type="checkbox"/>
	ID# CK#	See amended page			<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

510 1040, SUB-TOTAL

\$ 1025.00

**TOTAL (if last page of this schedule)**

\$ 1025.00

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

For Instructions, See Back of Form

# **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE

**A**

(Rev. 07/03)

**MONETARY  
RECEIPTS**



CHECK THIS BOX IF  
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**COMMITTEE NAME** (Must be same as on Statement of Organization)

GARVIN FOR STATE REPRESENTATIVE

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/09/08	ID# CK#	Juanita Buck 4533 Ovid Des Moines, Ia 50310		\$50.00	<input type="checkbox"/>
06/12/08	ID# CK#	Michele Delgenio 2801 N Pine Grove, #2N Chicago, IL 60657		20.00	<input type="checkbox"/>
6/20/08	ID# CK#	Mary Gerecz 2801 Hey 6 E., Lot #2 Iowa City, Ia 52240		200.00	<input type="checkbox"/>
6/26/08	ID# CK#	Patricia Garvin 207 Birch Ave West Des Moines, Ia 50265		600.00	<input type="checkbox"/>
6/27/08	ID# CK#	Nancy & Bob Mileski 1658 Amanda Lane Rock Hill, SC 29730		10.00	<input type="checkbox"/>
6/30/08	ID# CK#	Jim Garwood 3900 68th St Urbandale, Ia 50322		100.00	<input type="checkbox"/>
7/03/08	ID# CK#	Eric & Emily Idehen 4414 63rd St Urbandale, Ia 50322		20.00	<input type="checkbox"/>
7/08/08	ID# CK#	Gary Richmond 1315 Meridian Boone, Ia 50036		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1025.00

**TOTAL (if last page of this schedule)**

\$ 1025.00

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Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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# EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

GARVIN FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/30/08	ID# CK#	Sprint PO Box 4191 Carol Stream, IL. 60197-4191	Campaign phone calls	\$ 50.86
07/02/08	ID# CK#	Heirlooms By Design 213 5th St. West Des Moines, Ia 50265	"Stars" for Parade Sign	\$3.23
07/02/08	ID# CK#	Van Ginkel Athletic Mfg Co,Inc 2208 Ingersoll Ave Des Moines, Ia 50312	Hat for July 4th Parade	\$19.08
07/03/08	ID# CK#	Carter Printing 1739 E. Grand Ave Des Moines, Ia 50316	Printed Hand out Flyers	\$8.91
07/08/08	ID# CK#	American Marking 440 E. Grand Ave Des Moines, Ia 50309	Stamp Pad & Ink	\$20.67
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 102.75
TOTAL (if last page of this schedule)				\$ 102.75

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

GARVIN FOR STATE REPRESENTATIVE

Reset Form

SCHEDULE  
**E**  
(Rev. 06/97)

IN-KIND  
CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
06/24/08	AFSCME #61 4320 NW 2ND AVE. Des Moines, Ia	*	Copies of data from copier	\$ 16.50	<input type="checkbox"/>
07/03/08	John Kaiser 5800 SE 2nd Street Des Moines, Ia		Made two signs for July 4th Parade	5.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

\* Later committee paid AFSCME \$15.00  
on this  
(see only)  
report

SUB-TOTAL \$ 21.50

TOTAL (if last  
page of this  
schedule) \$ 21.50

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)